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INCREASED MORTALITY IN ACUTE AORTIC DISSECTION PATIENTS WITH LOW ADHERENCE TO GUIDELINE RECOMMENDATIONS FOR IMAGING AND CLINIC FOLLOW-UP

Poster Contributions
Hall C
Saturday, March 29, 2014, 10:00 a.m.-10:45 a.m.

Session Title: Aortic and Peripheral Artery Dissections
Abstract Category: 32. Vascular Medicine: Non Coronary Arterial Disease
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Introduction: Guidelines advocate frequent follow-up after acute aortic dissection (AAD). We hypothesized that incomplete adherence may be common, and may be associated with increased mortality.

Methods: We examined individuals with AAD and follow-up for aortic imaging (n=314) and/or clinic visits (n=290). We examined rates of guideline adherence and adverse imaging findings (e.g. increased aortic size, new/expanding dissection, new aneurysm, endograft leak, enlarged false lumen, new intramural hematoma), and the relationship between follow-up and mortality.

Results: Mean age was 60.4±14.6 years, and 33.8% (106/314) were female. Type A and B AAD were noted in 46% and 54% of patients. Median follow-up 5.0 years (interquartile range 4.2-6.0), with 59 deaths. Guideline adherence for follow-up was limited, and rates of adverse imaging findings were small (Figure 1). By tertiles of follow-up (lowest to highest) for imaging, 5-year survival was 70%, 86%, and 74% (p=0.048); by tertiles of clinic visit follow-up, 5-year survival was 73%, 89%, and 72% (p=0.008). By specific intervals, improved survival was only observed in patients with imaging at 6-12 months (p=0.02), and a clinic visit within 1 month (p=0.04).

Conclusion: Imaging and clinic follow-up after AAD is frequently incomplete, and patients with less frequent follow-up have higher mortality. Early clinic follow-up and imaging during the interval with the highest rate of adverse image findings are associated with improved survival.